

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITYINSTALLATION'S EPA
I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION
MAILING
ADDRESSIII. LOCATION
OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr., mo., & day)

F M 0 0 0 9 7 3 8 1 4 7

T/A/C
1

5 8 2

I. NAME OF INSTALLATION

RAY SCHUMANN & ASSOCIATES INC

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 5 4 6 4 HIGHLAND PARK DRIVE

CITY OR TOWN

4 ST LOUIS

ST.

ZIP CODE

MO 63110

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 5 4 6 4 HIGHLAND PARK DRIVE

CITY OR TOWN

6 ST LOUIS

ST.

ZIP CODE

MO 63110

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

2 SCHUMANN JAMES

TREASURER

314.531.6955

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)F - FEDERAL
M - NON-FEDERAL

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☒ C. HIGHWAY☐ D. WATER☐ E. OTHER

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification or If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided

☐ A. FIRST NOTIFICATION☒ B. SUBSEQUENT NOTIFICATION (complete item C)

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form to provide the requested information.



R00129136

RCRA RECORDS CENTER

C. INSTALLATION'S EPA I.D. NO.

M 0 0 0 9 7 3 8 1 4 7

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 K030	14 F003	15 U031	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

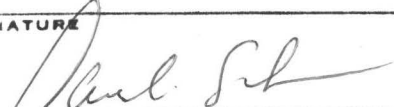
49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

- ☐ 1. IGNITABLE (D001)
 ☐ 2. CORROSIVE (D002)
 ☐ 3. REACTIVE (D003)
 ☐ 4. TOXIC (D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE 	NAME & OFFICIAL TITLE (type or print) JASUNER	DATE SIGNED 6/10/88
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DETACH

DETACH

Form DNR HW-10

HAZARDOUS WASTE MANIFEST DOCUMENT

MISSOURI DEPARTMENT OF NATURAL RESOURCES

P. O. Box 1369, Jefferson City, Missouri 65102

314-751-3241



MANIFEST DOCUMENT NUMBER

001														
Generator I.D. No.					Waste I.D. No.					Shipment No.				

Part 1 to be completed by the generator (Instructions for completing and handling this document are on the reverse side)

Name	Identification	Address	Telephone No.	Date Shipped or Rec'd
Item 1. Generator RAY SCHUMANN & ASSOCIATES	Generator I.D. No. MO 00 0047381117	5464 HIGHLAND PARK ST. LOUIS, MO 63110	(314) 531-6955	
Item 2. Transporter CHEMICAL CHEMICAL	Transporter No. MO 00 00830414	139 E. SOPER ST. LOUIS, MO	577-5500	
Item 3. Treatment, Storage or Disposal Facility CLAYTON CHEMICAL IND.	T, S, D. Facility Permit No. 497107 STEP 1631204 FEDSOP 06/91/23.9	SAUSET, ILL.		
Item 4. Proper DOT Shipping Name PERCHLOROETHYLENE	DOT Hazard Class ORM-A	DOT Label Required or Exceptions HAZARDOUS WASTE	Quantity 50	Units* 1 2 3 4 5

*Circle one: 1. tons; 2. gallons; 3. cubic yds; 4. drums 55 gallon; or 5. Pounds

Item 5. Immediate Emergency Response Information	24-hour emergency telephone numbers
In the event of a spill, contact the National Response Center, U. S. Coast Guard, 800-424-8802	Chemtrec 800-424-9300
SPECIAL HANDLING INSTRUCTIONS	

Item 6.

Placards Provided or Affixed			
Shipper's Check List			
DOT Labels Applied and Secure		DOT Auth. Containers	
Proper DOT Name on all Packages		Checked for Proper Sealing	
Air Cargo Only		Peligo Label Applied	

Item 7. GENERATOR CERTIFICATION. This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the Missouri Department of Natural Resources.

Generator's Signature Mary H. Schumann Date 7/20/82

Part 2

To be completed by the transporter

Item 8. TRANSPORTER CERTIFICATION. This is to certify acceptance of the hazardous waste shipment. Date accepted for Shipment:

Transporter's Signature Robert J. Schumann Date 7/20/82

Part 3

Item 9. TSD/F CERTIFICATION. This is to certify acceptance of the hazardous waste for treatment, storage or disposal.

TSD/F Signature _____ Date _____

Generator Copy